



COMMONWEALTH OF VIRGINIA - DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES  
109 Governor Street, Suite UB-55 - RICHMOND, VA 23219

**APPLICATION**

**Wheelchair Interfacility Transport Vehicle**

**Please Print or Type**

Agency Name: \_\_\_\_\_ EMS Agency No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(City ) (State) (Zip Code) (City or County)

Agency Telephone Number: ( ) FAX #: ( )

Agency E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Type of Application: ☐ Initial ☐ Recertification ☐ Change of Classification

Hours of Operation: ☐ 24 Hours ☐ Other \_\_\_\_\_

Month and Year Agency Established: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Month and Year Agency began EMS Operations: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Does Agency employ EMS personnel? ☐ No ☐ Yes

**COMMUNICATIONS**

Dispatch Facilities: ☐ Agency ☐ Central Dispatch Specify: \_\_\_\_\_

☐ Other Specify: \_\_\_\_\_ Dispatch Business Telephone #: ( )

Dispatch Frequency: TX \_\_\_\_\_ RC \_\_\_\_\_ CTCSS-PL \_\_\_\_\_

Other Frequencies: 1) TX \_\_\_\_\_ RC \_\_\_\_\_

2) TX \_\_\_\_\_ RC \_\_\_\_\_

Notified By: ☐ Radio (Voice) ☐ Radio (Paging) ☐ Telephone

Number of Radios: Mobile \_\_\_\_\_ Portable \_\_\_\_\_ Paging \_\_\_\_\_

Emergency Telephone Number: ☐ 911 ☐ Other ( )

Emergency Telephone Listed for Public: ☐ Yes ☐ No

\_\_\_\_\_  
AGENCY'S OFFICIAL REPRESENTATIVE(S) OR OWNER(S)

E-MAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

If yes, has EMS license of that agency ever been suspended or revoked? ☐ YES (**explain**) ☐ NO

(Underwriters)	(Policy #)	(Expiration Date)
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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_